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CONFIRMATION NO. 5526

<b>SERIAL NUMBER</b> 10/762,275	<b>FILING OR 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 169	<b>GROUP ART UNIT</b> 3752	<b>ATTORNEY DOCKET NO.</b> 42366-4007-01.US
<b>APPLICANTS</b> Michael A. Fischer, West Kingston, RI; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/718,785 11/22/2000 ABN <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/03/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 94
				<b>INDEPENDENT CLAIMS</b> 12
<b>ADDRESS</b> 26633				
<b>TITLE</b> LOW PRESSURE, EXTENDED COVERAGE, UPRIGHT FIRE PROTECTION SPRINKLER				
<b>FILING FEE RECEIVED</b> 4066	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	